Respiratory - Airway: BRONCHOSPAM: Medical Protocol

Patient Care Goals:
1. Alleviate respiratory distress due to bronchospasm
2. Promptly identify and intervene for patients who require escalation of therapy
3. Deliver appropriate therapy by differentiating other causes of respiratory distress

Patient Presentation:
Inclusion Criteria
Respiratory distress with wheezing or decreased air entry presumed to be due to bronchospasm from reactive airway disease, asthma, or obstructive lung disease.

RELATIVE Exclusion Criteria
Respiratory distress due to a presumed underlying cause that includes one of the following:
1. Anaphylaxis (may be used as adjunctive therapy)
2. Bronchiolitis (wheezing < 2 years of age)
3. Croup
4. Epiglottitis
5. Foreign body aspiration
6. Submersion/drowning (may be used as adjunctive therapy)
7. Congestive heart failure (may be used as adjunctive therapy)

Nebulizer Treatment **<LESS<** than 30 Kg
albuterol: 2.5 mg nebulized every 5 mins to a max cumulative dose of 7.5 mg.
ipratropium: 0.5 mg nebulized every 5 mins to a max cumulative dose of 1.5 mg.

Nebulizer Treatment 30 Kg or **>GREATER>**
albuterol: 5 mg nebulized every 5 mins to a max cumulative dose of 15 mg.
ipratropium: 1 mg nebulized every 5 mins to a max cumulative dose of 3 mg.

Quality Improvement:
Key Documentation Elements
1. Severity of Bronchospasm
2. Response to treatments and decision making for care escalation.

Patient Safety Considerations
Positive Pressure Ventilation increases risk of pneumothorax.
Nebulized medication increases risk of infection to provider.
Routine IV often unnecessary.
Routine use of lights and sirens is not recommended during transport unless severe or refractory to EMS interventions.